

cc: PRSLC

ORIGINAL

(13)

12/26

vlf

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

JOHN CARTER, et al.,

Plaintiffs

1:CV-00-0834

VS.

(Judge Caldwell)

MARTIN HORN, COMMISSIONER,

DEPT. OF CORRECTIONS, et al.,

Defendants

TO: MARY E. D'Andrea, (Clerk)

U.S. District Court

228 Walnut Street

P.O. Box 983

Harrisburg, Pa. 17108

FILED
HARRISBURG

DEC 22 2000

MARY E. D'ANDREA, CLERK

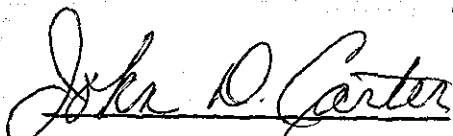
Per. 
DEPUTY CLERK

Dear Clerk:

Inasmuch as it has been more than four months since Plaintiffs filed their Motion In Opposition to the Commonwealth Defendants' Motion To Dismiss Plaintiffs' Complaint: Plaintiffs are therefore requesting to be informed as to the present status of the above titled case.

I do thank you for your consideration and cooperation as it relates to the foregoing request; And, remain:

Yours truly,


John Carter Pro.Per.

P.O. Box 256, Rt. 1

Waymart, Pa. 18472-0256

DATED: December, 19, 2000 c.e.

John Carter

CN - 1404

P.O. Box 256

Waymart, Pa. 18472-0256

TO:

Michael E. Kunz, [Clerk]
U.S. District Court
Eastern District of Pennsylvania
2609 U.S. Courthouse
601 Market Street
Philadelphia, Pa. 19106-1797

Dear Mr. Kunz:

Enclosed please find three (3) Originals, and twenty
(20) copies of the following documents: *EXCEPT #5, which is ORIGINAL
and one copy*

1. Plaintiff's Class Action Complaint;
2. Motion for Appointment of Counsel/ and an Investigator;
3. Memorandum of Law In Support of Motion
4. For Appointment of Counsel; and,
5. Motion for Service of Process.

A Check for the filing fee of One Hundred and Fifty Dollars
(150.00) is being forwarded to your Office via the Inmate
Accounting Department.

I thank you for your consideration and cooperation as it
relates to the foregoing matter.

Yours truly,


John Carter, Pro. Per.

DATED: December 20th, 1999 c.e.

UNITED STATES DISTRICT COURT

99cv6517

FOR THE EASTERN DISTRICT OF PENNSYLVANIA — DESIGNATION FORM to be used by counsel to indicate the category of the case for the purpose of assignment to appropriate calendar.

Address of Plaintiff: B-256, WYOMART, PA 18472

Address of Defendant: _____

Place of Accident, Incident or Transaction: _____

(Use Reverse Side For Additional Space)

42127

Does this case involve multidistrict litigation possibilities?

Yes ☐No ☐

RELATED CASE IF ANY

Case Number: _____ Judge _____ Date Terminated: _____

Civil cases are deemed related when yes is answered to any of the following questions:

1. Is this case related to property included in an earlier numbered suit pending or within one year previously terminated action in this court?

Yes ☐No ☐

2. Does this case involve the same issue of fact or grow out of the same transaction as a prior suit pending or within one year previously terminated action in this court?

Yes ☐No ☐

3. Does this case involve the validity or infringement of a patent already in suit or any earlier numbered case pending or within one year previously terminated action in this court?

Yes ☐No ☐CIVIL: (Place ☐ in ONE CATEGORY ONLY)

A. Federal Question Cases:

1. ☐ Indemnity Contract, Marine Contract, and All

Other Contracts

2. ☐ FELA3. ☐ Jones Act-Personal Injury4. ☐ ~~Arduous~~5. ☒ Patent6. ☐ Labor-Management Relations7. ☒ Civil Rights 5558. ☐ Habeas Corpus9. ☒ Securities Act(s) Cases10. ☐ Social Security Review Cases11. ☐ All other Federal Question Cases
(Please specify)

B. Diversity Jurisdiction Cases:

1. ☐ Insurance Contract and Other Contracts2. ☐ Airplane Personal Injury3. ☐ Assault, Defamation4. ☐ Marine Personal Injury5. ☐ Motor Vehicle Personal Injury6. ☐ Other Personal Injury (Please specify)7. ☐ Products Liability8. ☐ Products Liability — Asbestos9. ☐ All other Diversity Cases

(Please specify)

ARBITRATION CERTIFICATION

(Check appropriate Category)

I, _____, counsel of record do hereby certify:

☐ Pursuant to Local Civil Rule 53.2, Section 3(c)(2), that to the best of my knowledge and belief, the damages recoverable in this civil action case exceed the sum of \$100,000.00 exclusive of interest and costs;

☐ Relief other than monetary damages is sought.

DATE: _____

Attorney-at-Law

Attorney I.D.#

NOTE: A trial de novo will be a trial by jury only if there has been compliance with F.R.C.P. 38.

I certify that, to my knowledge, the within case is not related to any case now pending or within one year previously terminated action in this court except as noted above.

DATE: 12/22/99

Attorney I.D.#

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA
CASE MANAGEMENT TRACK DESIGNATION FORM

CIVIL ACTION

JOHN CARTER, et al.

MARTIN HORN, et al.

NO. 99cv6517

AB

In accordance with the Civil Justice Expense and Delay Reduction Plan of this court, counsel for plaintiff shall complete a case Management Track Designation Form in all civil cases at the time of filing the complaint and serve a copy on all defendants. (See § 1:03 of the plan set forth on the reverse side of this form.) In the event that a defendant does not agree with the plaintiff regarding said designation, that defendant shall, with its first appearance, submit to the clerk of court and serve on the plaintiff and all other parties, a case management track designation form specifying the track to which that defendant believes the case should be assigned.

SELECT ONE OF THE FOLLOWING CASE MANAGEMENT TRACKS:

- (a) Habeas Corpus -- Cases brought under 28 U.S.C. §2241 through §2255. ()
- (b) Social Security -- Cases requesting review of a decision of the Secretary of Health and Human Services denying plaintiff Social Security Benefits. ()
- (c) Arbitration -- Cases required to be designated for arbitration under Local Civil Rule 53.2. ()
- (d) Asbestos -- Cases involving claims for personal injury or property damage from exposure to asbestos. ()
- (e) Special Management -- Cases that do not fall into tracks (a) through (d) that are commonly referred to as complex and that need special or intense management by the court. (See reverse side of this form for a detailed explanation of special management cases.) ()
- (f) Standard Management -- Cases that do not fall into any one of the other tracks. (4)

12/22/99
Date

Indie to lmer

UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA
PRISONER/PRO SE REPORT
12/22/99

CARMICHAEL, ARTHUR -

DOCKET NO.	DATE FILED	CAPTION	CASE TYPE	JUDGE	RELATED DOCKET NO.
81CV1122	03/23/81	CARMICHAEL V. OWENS REMARKS: AKA MARTIN HARRIS	CR	BECKER	
81CV2809	07/15/81	CARMICHAEL V. KELLY REMARKS: AKA MARTIN HARRIS	HC	GREEN	
82CV1847	04/27/82	CARMICHAEL V. PERNSLEY REMARKS: AKA MARTIN HARRIS	CR	SHAPIRO	

UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA
PRISONER/PRO SE REPORT

12/22/99

PELLOT, MARIANO -

DOCKET NO.	DATE FILED	CAPTION	CASE TYPE	JUDGE	RELATED DOCKET NO.
81CV1289	04/02/81	PELLOT V. GRATERFORD CORRECTION	CR	LUONGO	
	REMARKS: BE-2490				
90CV2501	04/11/90	PELLOT V. VAUGHN	CR	KATZ	
	REMARKS: BE-2490				
90CV2533	04/12/90	PELLOT V. D.A.'S OFFICE ET AL	CR	KATZ	
	REMARKS: BE-2490				
96-557	01/26/96	PELLOT VS DRAGOVITCH, ET AL	2254	MARVIN KATZ	90-2533
	REMARKS: PRIS# BE-2490 MAG RUETER				
97CV5868	09/18/97	PELLOT VS DRAGOVICH	2254	KATZ/WELSH	96CV557
	REMARKS: BE-2490				
99CV2512	05/17/99	PELLOT V. SCI. MAHANOY	CR 555	KATZ	90CV2583
	REMARKS: BE2490				

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	MR. JOHN CARTER, [CN - 1404], ET AL.	COURT CASE NUMBER
DEFENDANT	JOHN DOE HEADS	TYPE OF PROCESS CIVIL
SERVE ➡	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN John Doe Heads of Hospice Unit, SCI-Waymart	
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) P.O. Box 256, Waymart, Pa. 18472-0256	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

<div style="border: 1px solid black; padding: 5px; width: 150px; height: 100px; margin: 0 auto;"></div>	Mr. John Carter # CN - 1404 P.O. Box 256 Waymart, Pa. 18472-0256	Number of process to be served with this Form - 285	20
		Number of parties to be served in this case	20
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Signature of Attorney or other Originator requesting service on behalf of:

John D. Carter

Pro Se

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

12-20 99

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service	Time	am
Signature of U.S. Marshal or Deputy		

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF	MR. JOHN Carter, [CN-1404] 86 , ET AL.	COURT CASE NUMBER
DEFENDANT	JOHN DOE DOCTORS	TYPE OF PROCESS CIVIL
SERVE ➡	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN John Doe Doctors, Bureau Health Care Services, S&I-Waymart	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) P.O. Box 256, Waymart, Pa. 18472-0256	
AT		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	19
Mr. John Carter # CN - 1404 P.O. Box 256 Waymart, Pa. 18422		Number of parties to be served in this case	20
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Signature of Attorney or other Originator requesting service on behalf of: <i>John D. Carter</i> Pro Se	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE - - 99
--	---	------------------	----------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
---	---------------	---------------------------------	--------------------------------	--	------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode. Date of Service _____ Time _____ am pm Signature of U.S. Marshal or Deputy _____
Address (complete only if different than shown above)	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
-------------	--	----------------	---------------	------------------	--------------------------------	------------------

REMARKS:

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF	MR. JOHN CARTER, [CN-1404], ET AL.	COURT CASE NUMBER
DEFENDANT	Patrick Herbert	TYPE OF PROCESS CIVIL
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Patrick Herbert, Zone Lieutenant, SCI-Waymart	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) P.O. Box 256, Waymart, Pa. 18472-0256	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	18
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Mr. John Carter</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"># CN - 1404</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">P.O. Box 256</div> <div style="border: 1px solid black; padding: 5px;">Waymart, Pa. 18472-0256</div>	Number of parties to be served in this case	20	
	Check for service on U.S.A.		

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Signature of Attorney or other Originator requesting service on behalf of: <i>John D. Carter</i> Pro Se	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 12-20-99
--	---	------------------	------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
---	---------------	---------------------------------	--------------------------------	--	------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)	Date of Service	Time am pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
-------------	--	----------------	---------------	------------------	--------------------------------	------------------

REMARKS:

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF MR. JOHN CARTER, [CN - 1404], ET AL.	COURT CASE NUMBER
DEFENDANT NOEL BOOTH	TYPE OF PROCESS CIVIL

SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Noel Booth, Zone Lieutenant, SCI-Waymart
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) P.O. Box 256, Waymart, Pa. 18472-0256

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	17
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Mr. John Carter</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"># CN - 1404</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">P.O. Box 256</div> <div style="border: 1px solid black; padding: 5px;">Waymart, Pa. 18472-0256</div>	Number of parties to be served in this case	20	
	Check for service on U.S.A.		

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
Fold

Signature of Attorney or other Originator requesting service on behalf of: <i>John R. Carter</i> Pro Se	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 12-20 99
--	---	------------------	------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
---	---------------	---------------------------------	--------------------------------	--	------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.		
Address (complete only if different than shown above)	Date of Service	Time	am
	Signature of U.S. Marshal or Deputy		

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
-------------	--	----------------	---------------	------------------	--------------------------------	------------------

REMARKS:

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	MR. JOHN CARTER, [CN - 1404], ET AL.	COURT CASE NUMBER
DEFENDANT	EMANUEL PATTERSON	TYPE OF PROCESS CIVIL

SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Emanuel Patterson, Zone Lieutenant, SCI-Waymart
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) P.O. Box 256, Waymart, Pa. 18472-0256

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	16
<input type="checkbox"/> Mr. John Carter # CN-1404 P.O. Box 256 Waymart, Pa. 18472-0256		Number of parties to be served in this case	20
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
Fold

Signature of Attorney or other Originator requesting service on behalf of: <i>John R. Carter</i> Pro Se	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 12-20-99
--	---	------------------	------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
---	---------------	---------------------------------	--------------------------------	--	------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service Time am pm
	Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
-------------	--	----------------	---------------	------------------	--------------------------------	------------------

REMARKS:

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	MR. JOHN CARTER, [CN- 1404], ET AL.	COURT CASE NUMBER						
DEFENDANT	MILTON Friedman	TYPE OF PROCESS CIVIL						
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Milton Friedman, Unit Manager, SCI-Waymart							
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) P.O. Box 256, Waymart, Pa. 18472-0256							
AT								
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:								
Mr. John Carter # CN - 1404 P.O. Box 256 Waymart, Pa. 18472-0256		<table border="1"> <tr> <td>Number of process to be served with this Form - 285</td> <td>15</td> </tr> <tr> <td>Number of parties to be served in this case</td> <td>20</td> </tr> <tr> <td>Check for service on U.S.A.</td> <td></td> </tr> </table>	Number of process to be served with this Form - 285	15	Number of parties to be served in this case	20	Check for service on U.S.A.	
Number of process to be served with this Form - 285	15							
Number of parties to be served in this case	20							
Check for service on U.S.A.								

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of: <i>John D. Carter</i> Pro Se	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 12-20-99
--	---	------------------	------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
---	---------------	---------------------------------	--------------------------------	--	------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.									
Address (complete only if different than shown above)	<table border="1"> <tr> <td>Date of Service</td> <td>Time</td> <td>am</td> </tr> <tr> <td></td> <td></td> <td>pm</td> </tr> <tr> <td colspan="3">Signature of U.S. Marshal or Deputy</td> </tr> </table>	Date of Service	Time	am			pm	Signature of U.S. Marshal or Deputy		
Date of Service	Time	am								
		pm								
Signature of U.S. Marshal or Deputy										

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
-------------	--	----------------	---------------	------------------	--------------------------------	------------------

REMARKS:

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	MR. JOHN CARTER, [CN-1404], ET AL.	COURT CASE NUMBER
DEFENDANT	BERNARD CHIPEGO	TYPE OF PROCESS CIVIL
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Bernard Chiengo, Unit Manager, SCI-Waymart	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) P.O. Box 256, Waymart, Pa. 18472-0256	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	14
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Mr. John Carter</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"># CN - 1404</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">P.O. Box 256</div> <div style="border: 1px solid black; padding: 5px;">Waymart, Pa. 18472-0256</div>	Number of parties to be served in this case	20	
	Check for service on U.S.A.		

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Signature of Attorney or other Originator requesting service on behalf of: <i>John D. Carter</i> Pro Se	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 12-20-99
--	---	------------------	------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
---	---------------	---------------------------------	--------------------------------	--	------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service _____ Time _____ am pm
	Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
-------------	--	----------------	---------------	------------------	--------------------------------	------------------

REMARKS:

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF	MR. JOHN CARTER, [CN-1404], ET AL.	COURT CASE NUMBER
DEFENDANT	GERALD SOBOTOR	TYPE OF PROCESS CIVIL
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Gerald Sobotor, Unit Manager, SCI-Waymart	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) P.O. Box 256, Waymart, Pa. 18472-0256	
AT		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	13
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Mr. John Carter</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"># CN - 1404</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">P.O. Box 256</div> <div style="border: 1px solid black; padding: 5px;">Waymart, Pa. 18472-0256</div>		Number of parties to be served in this case	20
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of: <i>John D. Carter</i> Pro Se	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 12-20-99
--	---	------------------	------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)	Date of Service	Time _____ am _____ pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF	JOHN CARTER, [CN-1404], ET AL.	COURT CASE NUMBER
DEFENDANT	PAUL DELROSSO	TYPE OF PROCESS CIVIL
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Paul Del Rosso, Unit Manager, SCI-Waymart	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) P.O. Box 256, Waymart, Pa. 18472-0256	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Mr. John Carter
CN-1404
P.O. Box 256
Waymart, Pa. 18472-0256

Number of process to be served with this Form - 285	12
Number of parties to be served in this case	20
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Signature of Attorney or other Originator requesting service on behalf of: <i>John R. Carter</i> Pro Se	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 12-20-99
--	---	------------------	-------------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
---	---------------	---------------------------------	--------------------------------	--	------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service _____ Time _____ am pm
	Signature of U.S. Marshal or Deputy


Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
-------------	--	----------------	---------------	------------------	--------------------------------	------------------

REMARKS:

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF	COURT CASE NUMBER
MR. JOHN CARTER, [CN-1404], ET AL.	
DEFENDANT	TYPE OF PROCESS
GLEN JEFFES	CIVIL
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
	GLEN JEFFES, (Regional Dir. of Corrections Physician's Assc. Inc.
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
	1787 Sentry Parkway West, Bldg. 16, Ste. 210, Bluebell Pa. 19422

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Mr, John Carter

CN - 1404

P.O. Box 256

Waymart, Pa. 18472-0256

Number of process to be served with this Form - 285

11

Number of parties to be served in this case

20

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

John R. Carter

Pro Se

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

12-20-99

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service _____ Time _____ am
pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF	MR. JOHN CARTER [CN-1404], ET AL.	COURT CASE NUMBER
DEFENDANT	MS. LOOMIS	TYPE OF PROCESS CIVIL
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Ms. Loomis, Physician's Assistant, SCI-Waymart	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) P.O. Box 256, Waymart, Pa. 18472-0256	
AT		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	10
<div style="border: 1px solid black; padding: 5px; margin: 5px;"> Mr. John Carter CN - 1404 P.O. Box 256 Waymart, Pa. 18472-0256 </div>		Number of parties to be served in this case	20
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Signature of Attorney or other Originator requesting service on behalf of: <i>John H. Carter</i> Pro Se	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 12-22 99
--	---	------------------	------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
---	---------------	---------------------------------	--------------------------------	--	------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service _____ Time _____ am pm
	Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
-------------	--	----------------	---------------	------------------	--------------------------------	------------------

REMARKS:

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF

MR. JOHN CARTER [CN-1404], ET AL.

COURT CASE NUMBER

DEFENDANT

LASLO KIRALY

TYPE OF PROCESS

CIVIL

SERVE**AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

LASLO KIRALY, Medical Doctor, SCI-Waymart

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

P.O. Box 256, Waymart, Pa. 18472-0256

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Mr. John Carter

CN - 1404

P.O. Box 256

Waymart, Pa. 18472-0256

Number of process to be
served with this Form - 285

9

Number of parties to be
served in this case

20

Check for service
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All
Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

Pro Se

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

12-20 99

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINEI acknowledge receipt for the total
number of process indicated.
(Sign only first USM 285 if more
than one USM 285 is submitted)

Total Process

District
of Origin

No. _____

District
to Serve

No. _____

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and dis-
cretion then residing in the defendant's
usual place of abode.

Address (complete only if different than shown above)

Date of Service

Time

am

pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges
(including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

REMARKS:

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF JOHN CARTER, [CN-1404], ET AL. COURT CASE NUMBER

DEFENDANT TAMRAT BEKELE TYPE OF PROCESS CIVIL

SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
AT Tamrat Bekele, Dir. Medical Services, SCI-Waymart
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 P.O. Box 256, Waymart, Pa. 18472-0256

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Mr. John Carter CN - 1404 P.O. Box 256 Waymart, Pa. 18472-0256	Number of process to be served with this Form - 285	8
	Number of parties to be served in this case	20
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
 Fold

Signature of Attorney or other Originator requesting service on behalf of: John R. Carter Pro Se ☒ PLAINTIFF ☐ DEFENDANT TELEPHONE NUMBER DATE 12-20-99

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service Time am pm
	Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF	MR. JOHN CARTER, [CN-1404], ET AL.	COURT CASE NUMBER
DEFENDANT	DONALD FISKE	TYPE OF PROCESS CIVIL
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Donald Fiske, Health Care Administrator, SCI-Waymart	
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) P.O. Box 256, Waymart, Pa. 18472-0256	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Mr. John Carter
CN - 1404
P.O. Box 256
Waymart, Pa. 18472-0256

Number of process to be served with this Form - 285	7
Number of parties to be served in this case	20
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of: <i>John R. Carter</i> Pro Se	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 12-20-99
--	---	------------------	------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service _____ Time _____ am pm
	Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF	MR. JOHN CARTER [CN - 1404], ET AL.	COURT CASE NUMBER
DEFENDANT	THOMAS B. PATTERSON	TYPE OF PROCESS CIVIL
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN	
	Thomas B. Patterson, Major of The Guard	
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	
	P.O. Box 256, WAYMART, Pa. 18472-0256	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	6
Mr. John Carter # CN - 1404 P.O. Box 256 Waymart, Pa. 18472-0256		Number of parties to be served in this case	20
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Signature of Attorney or other Originator requesting service on behalf of: <i>John D. Carter</i> Pro Se	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 12-20-99
--	---	------------------	------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
---	---------------	---------------------------------	--------------------------------	--	------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode. Date of Service _____ Time _____ am Signature of U.S. Marshal or Deputy _____
Address (complete only if different than shown above)	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
-------------	---	----------------	---------------	------------------	--------------------------------	------------------

REMARKS:

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	MR. JOHN CARTER, [CN-1404], ET AL.	COURT CASE NUMBER
DEFENDANT	JOHN T. SHEMO	TYPE OF PROCESS CIVIL
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN JOHN T. SHEMO, Dept. Supt., for Facility Management ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) P.O. Box 256, Waymart, Pa. 18472-0256	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	5
Mr. John Carter CN - 1404 P.O. Box 256 Waymart, Pa. 18472-0256		Number of parties to be served in this case	20
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Signature of Attorney or other Originator requesting service on behalf of: <i>John R. Carter</i> Pro Se	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 12-20-99
--	---	------------------	-------------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
---	---------------	---------------------------------	--------------------------------	--	------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)	Date of Service	Time _____ am _____ pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
-------------	--	----------------	---------------	------------------	--------------------------------	------------------

REMARKS:

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	JOHN CARTER, [CN - 1404], ET AL.	COURT CASE NUMBER
DEFENDANT	JAMES T. WYNDER, JR.	TYPE OF PROCESS CIVIL
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN James T. Wynder, Jr., Dept. Supt., for Centralized Services	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) P.O. Box 256, Waymart, Pa. 18472-0256	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	4
<input type="checkbox"/> Mr. John Carter # CN-1404 P.O. Box 256 Waymart, Pa. 18472-0256		Number of parties to be served in this case	20
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
Fold

Signature of Attorney or other Originator requesting service on behalf of: <i>John R. Carter</i> Prop Se	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 12-20-99
---	---	------------------	------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
---	---------------	---------------------------------	--------------------------------	--	------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
-------------	---	----------------	---------------	------------------	--------------------------------	------------------

REMARKS:

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	JOHN CARTER, ET AL., [# CN-1404]	COURT CASE NUMBER
DEFENDANT	RAYMOND J. COLLIERAN, Superintendent	TYPE OF PROCESS CIVIL
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Raymond J. Collieran, Superintendent, SCI-Waymart	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) P.O. Box 256, Waymart, Pa. 18472-0256	
AT		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	3
Mr. John Carter # CN-1404 P.O. Box 256 Waymart, Pa. 18472-0256		Number of parties to be served in this case	20
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
Fold

Signature of Attorney or other Originator requesting service on behalf of: <i>John D. Carter</i> Pro SE	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 12-28-99
--	---	------------------	------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
---	---------------	---------------------------------	--------------------------------	--	------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service Time _____ am _____ pm
	Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
-------------	--	----------------	---------------	------------------	--------------------------------	------------------

REMARKS:

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	JOHN CARTER, ET AL., [CN-1404]	COURT CASE NUMBER
DEFENDANT	JEFFREY A. BEARD, Exec. Deputy Sect., DOC	TYPE OF PROCESS CIVIL
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Jeffrey A. Beard, Exec. Deputy Sect., Department Of Corrections	
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 2520 Lisburn Road, P.O. Box 598, Camp Hill, Pa. 17004-0598	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Mr. John Carter
CN-1404
P.O. Box 256
Waymart, Pa. 18472-0256

Number of process to be served with this Form - 285	2
Number of parties to be served in this case	20
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
Fold

Signature of Attorney or other Originator requesting service on behalf of: <i>John D. Carter</i> Pro Se	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 12-20-99
--	---	------------------	------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
---	---------------	---------------------------------	--------------------------------	--	------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service _____ Time _____ am pm Signature of U.S. Marshal or Deputy _____

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
-------------	--	----------------	---------------	------------------	--------------------------------	------------------

REMARKS:

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF JOHN CARTER, ET AL., [# CN-1404]		COURT CASE NUMBER	
DEFENDANT MARTIN HORN, Commissioner, Dept. of Corr.		TYPE OF PROCESS CIVIL	
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN MARTIN HORN, Commissioner/Sect., Department of Corrections		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 2520 Lisburn Road, P.O. Box 598, Camp Hill, Pa. 17001-0598		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	1
Mr. John Carter # CN-1404 P.O. Box 256 Waymart, Pa. 18472-0256		Number of parties to be served in this case	20
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of: <i>John D. Carter</i> Pro Se	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER NONE	DATE 12-20-99
--	---	--------------------------	------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
---	---------------	---------------------------------	--------------------------------	--	------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)	Date of Service	Time _____ am _____ pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
-------------	--	----------------	---------------	------------------	--------------------------------	------------------

REMARKS:

Mon Jan 3 15:58:21 2000

UNITED STATES DISTRICT COURT

PHILADELPHIA , PA

Receipt No. 400 720611
Cashier stave

Check Number: 72176

DO Code Div No
4866 1

Sub Acct	Type	Tender	Amount
1:086000	N	2	60.00
2:510000	N	2	90.00

Total Amount # 150.00

99CV6517 / CARTER

99-6517

FILED

JAN - 3 2000

By MICHAEL E. KUNZ, Clerk
Dep. Clerk

Mon Jan 3 15:58:21 2000

Check No. 72176